

PROBATE COURT OF FRANKLIN COUNTY, OHIO
LAWRENCE A. BELSKIS, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

Definition of incompetent [O.R.C.2111.01 (D)]: "Incompetent means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that he is incapable of taking proper care of himself or his property or fails to provide for his family or other persons for whom he is charged by law to provide..."

The Statement of Evaluation does not declare the prospective ward competent or incompetent, but is evidence to be considered by the Court.

The fee for completing this evaluation WILL NOT be paid by the Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This statement of expert evaluation is for:

- ☐ **A. Guardianship Application:** To be completed by a physician, or clinical psychologist prior to the filing and attached to the application.
- ☐ **B. Guardian's Report:** To be completed by a physician, clinical psychologist, licensed clinical social worker, or mental retardation team within three months of the date of the Guardian's report. O.R.C.2111.49(A)(1)(i).
- ☐ **C. Application for Emergency Guardian:** The evaluating physician, or clinical psychologist shall complete the Supplement For Emergency Guardian, Form 17.1B, with specificity indicating the emergency, and why **immediate action** is required to prevent significant injury to the person or the estate. The Supplement shall be signed, dated, and attached as part of this Statement.

2. Statement completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist
☐ Licensed Social Worker ☐ Mental Retardation Team

Name: _____

Address: _____

Telephone Number: _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Time spent with subject: _____

Length of time subject has been your patient: _____

4. Is the subject presently under medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose?

Are there any signs of physical and/or mental impairments caused by the medications themselves?

5. During the examination did you note a disturbance of the subject's:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| a) Orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Speech? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Motor Behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Thought Process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Affect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Memory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Concentration and comprehension? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Judgment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Perception of Time and Place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Please describe any abnormalities identified in question five. (Attach addenda if space is not adequate.)

7. Is the subject mentally impaired? ☐ Yes ☐ No If yes, what is the cause?

8. Is the subject physically impaired? ☐ Yes ☐ No If yes, what is the cause?

9. Did you consult any collateral information in conjunction with your evaluation?
☐ Yes ☐ No If yes, explain:

10. Please give a summary of background/historical information obtained from the subject and or collateral source.

11. Could you determine the subject's general level of intelligence and fund of knowledge?
☐ Yes ☐ No If yes, explain:

12. Do you believe this subject in his/her present condition, is substantially capable of managing his/her finances and property? ☐ Yes ☐ No If no, explain:

13. Do you believe this subject, in his/her mental condition, is substantially capable of caring for his/her activities of daily living or making decisions concerning medical treatments, living arrangements, and diet? ☐ Yes ☐ No If no, explain:

14. Prognosis: _____

In my opinion a guardianship should be:

☐ Established/Continued
☐ Denied/Terminated

15. Additional comments:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify that I have evaluated the subject on _____ 20____.

Date _____

Evaluator

NOTE: The following is for use with a biennial report.

It is my further opinion, based upon a reasonable degree of medical certainty, that the mental capacity of this ward will not improve.

As a result of this statement, the guardian may file a motion to dispense with the filing of future Statements of Expert Evaluation. Refer to Local Court Rule 66.6.

Physician/Licensed Psychologist (Printed)

Physician/Licensed Psychologist (Signature)